

POSITION	ID NO.	DATE
CLASSIFIER	49	4/15/96
EXAMINER	335	5/30/96
TYPIST	ney	6/8
VERIFIER	12	6-12-96
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	5
23	1
98	98
10	✓
5	2 ✓
8	✓
2	4 ✓
3	5 ✓
1	6 0
4	7 0
6	8 0
7	9 0
8	10 0
9	11 0
10	12 -
11	13 -
12	14 -
13	15 -
14	16 -
15	17 -
16	18 -
17	19 -
18	20 -
19	21 -
20	22 -
21	23 -
22	24 -
23	25 -
24	26 ✓
25	27 ✓
26	28 0 =
27	29 0 =
28	30 0 =
29	31 0 =
30	32 0 =
31	33 0 =
32	34 =
33	35 =
34	36 =
35	37 =
36	38 =
37	39 =
38	40 =
39	41 =
40	42 =
41	43
42	44
43	45
44	46
45	47
46	48
47	49
48	50

SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- ..... Interference
- A ..... Appeal
- 0 ..... Objected

Claim	Date
51	
52	
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(LEFT INSIDE)